

Calendar No. 548

110TH CONGRESS
1ST SESSION

S. 901

To amend the Public Health Service Act to provide additional authorizations of appropriations for the health centers program under section 330 of such Act.

IN THE SENATE OF THE UNITED STATES

MARCH 15, 2007

Mr. KENNEDY (for himself, Mr. HATCH, Mr. DODD, Mr. ROBERTS, Mr. HARKIN, Mr. BOND, Ms. MIKULSKI, Ms. SNOWE, Mr. BINGAMAN, Mr. DOMENICI, Mr. REED, Ms. MURKOWSKI, Mrs. CLINTON, Mr. BENNETT, Mr. OBAMA, Mr. GRASSLEY, Mr. BROWN, Mr. BURR, Mr. MENENDEZ, Mr. SCHUMER, Mr. LIEBERMAN, Mrs. MURRAY, Mr. COLEMAN, Mr. SMITH, Mr. CONRAD, Mr. TESTER, Mr. WHITEHOUSE, Mr. BAUCUS, Mr. AKAKA, Mr. INOUE, Mr. KERRY, Mr. DURBIN, Ms. CANTWELL, Mr. LAUTENBERG, Ms. COLLINS, Mr. ISAKSON, Mr. SUNUNU, Mr. SANDERS, Mr. KOHL, Mr. JOHNSON, Ms. LANDRIEU, Mr. LEVIN, Mr. THUNE, Mrs. FEINSTEIN, Mr. PRYOR, Mr. CRAIG, Mr. SALAZAR, Mr. LEAHY, Mrs. LINCOLN, Mr. BIDEN, Mr. COCHRAN, Mr. WARNER, Mr. CHAMBLISS, Ms. STABENOW, Mr. DORGAN, Mr. LUGAR, Mr. VOINOVICH, Mr. NELSON of Florida, Mrs. BOXER, Mr. CASEY, Mrs. DOLE, Ms. KLOBUCHAR, Mr. CARPER, Mr. CARDIN, Mrs. MCCASKILL, Mr. BAYH, Mr. WEBB, Mrs. HUTCHISON, and Mr. SPECTER) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

DECEMBER 18, 2007

Reported by Mr. KENNEDY, with an amendment and an amendment to the title

[Strike out all after the enacting clause and insert the part printed in italic]

A BILL

To amend the Public Health Service Act to provide additional authorizations of appropriations for the health centers program under section 330 of such Act.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Health Centers Re-
5 newal Act of 2007”.

6 **SEC. 2. FINDINGS.**

7 Congress finds as follows:

8 (1) Community, migrant, public housing, and
9 homeless health centers are vital to thousands of
10 communities across the United States.

11 (2) There are more than 1,000 such health cen-
12 ters serving more than 16,000,000 people at more
13 than 5,000 health delivery sites, located in all 50
14 States of the United States, the District of Colum-
15 bia, and Puerto Rico, Guam, the Virgin Islands, and
16 other territories of the United States.

17 (3) Health centers provide cost-effective, quality
18 health care to poor and medically underserved people
19 in the States, the District of Columbia, and the ter-

1 ritories, including the working poor, the uninsured,
2 and many high-risk and vulnerable populations; and
3 have done so for over 40 years.

4 (4) Health centers provide care to 1 of every 8
5 uninsured Americans; 1 of every 4 Americans in
6 poverty; and 1 of every 9 rural Americans.

7 (5) Health centers provide primary and preven-
8 tive care services to more than 700,000 homeless
9 persons and more than 725,000 farm workers in the
10 United States.

11 (6) Health centers are community-oriented and
12 patient-focused and tailor their services to fit the
13 special needs and priorities of local communities;
14 working together with schools, businesses, churches,
15 community organizations, foundations, and State
16 and local governments.

17 (7) Health centers are built through community
18 initiative.

19 (8) Health centers encourage citizen participa-
20 tion and provide jobs for 50,000 community resi-
21 dents.

22 (9) Congress established the program as a
23 unique public-private partnership, and has continued
24 to provide direct funding to community organiza-
25 tions for the development and operation of health

1 centers systems that address pressing local health
2 needs and meet national performance standards.

3 (10) Federal grants assist participating commu-
4 nities in finding partners and recruiting doctors and
5 other health professionals.

6 (11) Federal grants constitute, on average, 24
7 percent of the annual budget of such health centers;
8 with the remainder provided by State and local gov-
9 ernments, Medicare, Medicaid, private contributions,
10 private insurance, and patient fees.

11 (12) Health centers make health care respon-
12 sive and cost-effective through aggressive outreach,
13 patient education, translation, and other enabling
14 support services.

15 (13) Health centers help reduce health dispari-
16 ties, meet escalating health care needs, and provide
17 a vital safety net in the health care delivery system
18 of the United States.

19 (14) Health centers increase the use of preven-
20 tive health services, including immunizations, pap
21 smears, mammograms, and HbA1c tests for diabetes
22 screenings.

23 (15) Expert studies have demonstrated the im-
24 pact that these community-owned and patient-con-
25 trolled primary care delivery systems have achieved

both in the reduction of traditional access barriers
and the elimination of health disparities among their
patients.

SEC. 3. ADDITIONAL AUTHORIZATIONS OF APPROPRIATIONS FOR HEALTH CENTERS PROGRAM OF PUBLIC HEALTH SERVICE ACT.

Section 330(r) of the Public Health Service Act (42 U.S.C. 254b(r)) is amended by amending paragraph (1) to read as follows:

“(1) IN GENERAL.—For the purpose of carrying out this section, in addition to the amounts authorized to be appropriated under subsection (d), there are authorized to be appropriated—

“(A) \$2,188,745,000 for fiscal year 2008;

“(B) \$2,451,394,400 for fiscal year 2009;

“(C) \$2,757,818,700 for fiscal year 2010;

“(D) \$3,116,335,131 for fiscal year 2011;

and

“(E) \$3,537,040,374 for fiscal year

2012.”.

SECTION 1. SHORT TITLE.

This Act may be cited as the “Health Care Safety Net Act of 2007”.

1 **SEC. 2. COMMUNITY HEALTH CENTERS PROGRAM OF THE**
 2 **PUBLIC HEALTH SERVICE ACT.**

3 (a) *ADDITIONAL AUTHORIZATIONS OF APPROPRIA-*
 4 *TIONS FOR THE HEALTH CENTERS PROGRAM OF PUBLIC*
 5 *HEALTH SERVICE ACT.*—Section 330(r) of the Public
 6 *Health Service Act (42 U.S.C. 254b(r)) is amended by*
 7 *amending paragraph (1) to read as follows:*

8 “(1) *IN GENERAL.*—For the purpose of carrying
 9 out this section, in addition to the amounts author-
 10 ized to be appropriated under subsection (d), there
 11 are authorized to be appropriated—

12 “(A) \$2,213,020,000 for fiscal year 2008;

13 “(B) \$2,451,394,400 for fiscal year 2009;

14 “(C) \$2,757,818,700 for fiscal year 2010;

15 “(D) \$3,116,335,131 for fiscal year 2011;

16 and

17 “(E) \$3,537,040,374 for fiscal year 2012.”.

18 (b) *STUDIES RELATING TO COMMUNITY HEALTH CEN-*
 19 *TERS.*—

20 (1) *DEFINITIONS.*—For purposes of this sub-
 21 section—

22 (A) the term “community health center”
 23 means a health center receiving assistance under
 24 section 330 of the Public Health Service Act (42
 25 U.S.C. 254b); and

1 (B) the term “medically underserved popu-
2 lation” has the meaning given that term in such
3 section 330.

4 (2) SCHOOL-BASED HEALTH CENTER STUDY.—

5 (A) IN GENERAL.—Not later than 2 years
6 after the date of enactment of this Act, the
7 Comptroller General of the United States shall
8 issue a study of the economic costs and benefits
9 of school-based health centers and the impact on
10 the health of students of these centers.

11 (B) CONTENT.—In conducting the study
12 under subparagraph (A), the Comptroller Gen-
13 eral of the United States shall analyze—

14 (i) the impact that Federal funding
15 could have on the operation of school-based
16 health centers;

17 (ii) any cost savings to other Federal
18 programs derived from providing health
19 services in school-based health centers;

20 (iii) the effect on the Federal Budget
21 and the health of students of providing Fed-
22 eral funds to school-based health centers and
23 clinics, including the result of providing
24 disease prevention and nutrition informa-
25 tion;

(iv) the impact of access to health care from school-based health centers in rural or underserved areas; and

(v) other sources of Federal funding for school-based health centers.

(3) *HEALTH CARE QUALITY STUDY.*—

(A) *IN GENERAL.*—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this Act as the “Secretary”), acting through the Administrator of the Health Resources and Services Administration, and in collaboration with the Agency for Healthcare Research and Quality, shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report that describes agency efforts to expand and accelerate quality improvement activities in community health centers.

(B) *CONTENT.*—The report under subparagraph (A) shall focus on—

(i) Federal efforts, as of the date of enactment of this Act, regarding health care quality in community health centers, in-

cluding quality data collection, analysis,
and reporting requirements;

(ii) identification of effective models
for quality improvement in community
health centers, which may include models
that—

(I) incorporate care coordination,
disease management, and other services
demonstrated to improve care;

(II) are designed to address mul-
tiple, co-occurring diseases and condi-
tions;

(III) improve access to providers
through non-traditional means, such as
the use of remote monitoring equip-
ment;

(IV) target various medically un-
derserved populations, including unin-
sured patient populations;

(V) increase access to specialty
care, including referrals and diagnostic
testing; and

(VI) enhance the use of electronic
health records to improve quality;

1 (iii) efforts to determine how effective
2 quality improvement models may be adapt-
3 ed for implementation by community health
4 centers that vary by size, budget, staffing,
5 services offered, populations served, and
6 other characteristics determined appropriate
7 by the Secretary;

8 (iv) types of technical assistance and
9 resources provided to community health cen-
10 ters that may facilitate the implementation
11 of quality improvement interventions;

12 (v) proposed or adopted methodologies
13 for community health center evaluations of
14 quality improvement interventions, includ-
15 ing any development of new measures that
16 are tailored to safety-net, community-based
17 providers;

18 (vi) successful strategies for sustaining
19 quality improvement interventions in the
20 long-term; and

21 (vii) partnerships with other Federal
22 agencies and private organizations or net-
23 works as appropriate, to enhance health
24 care quality in community health centers.

1 (C) *DISSEMINATION.*—*The Administrator of*
 2 *the Health Resources and Services Administra-*
 3 *tion shall establish a formal mechanism or mech-*
 4 *anisms for the ongoing dissemination of agency*
 5 *initiatives, best practices, and other information*
 6 *that may assist health care quality improvement*
 7 *efforts in community health centers.*

8 (4) *GAO STUDY ON INTEGRATED HEALTH SYS-*
 9 *TEMS MODEL FOR THE DELIVERY OF HEALTH CARE*
 10 *SERVICES TO MEDICALLY UNDERSERVED POPU-*
 11 *LATIONS.*—

12 (A) *STUDY.*—*The Comptroller General of*
 13 *the United States shall conduct a study on inte-*
 14 *grated health system models at not more than 10*
 15 *sites for the delivery of health care services to*
 16 *medically underserved populations. The study*
 17 *shall include an examination of—*

18 (i) *health care delivery models spon-*
 19 *sored by public or private non-profit enti-*
 20 *ties that—*

21 (I) *integrate primary, specialty,*
 22 *and acute care; and*

23 (II) *serve medically underserved*
 24 *populations; and*

1 (ii) such models in rural and urban
2 areas.

3 (B) *REPORT.*—Not later than 1 year after
4 the date of the enactment of this Act, the Comp-
5 troller General of the United States shall submit
6 to Congress a report on the study conducted
7 under subparagraph (A). The report shall in-
8 clude—

9 (i) an evaluation of the models, as de-
10 scribed in subparagraph (A), in—

11 (I) expanding access to primary
12 and preventive services for medically
13 underserved populations; and

14 (II) improving care coordination
15 and health outcomes; and

16 (ii) an assessment of—

17 (I) challenges encountered by such
18 entities in providing care to medically
19 underserved populations; and

20 (II) advantages and disadvan-
21 tages of such models compared to other
22 models of care delivery for medically
23 underserved populations.

24 **SEC. 3. NATIONAL HEALTH SERVICE CORPS.**

25 (a) *FUNDING.*—

(1) NATIONAL HEALTH SERVICE CORPS PROGRAM.—Section 338(a) of the Public Health Service Act (42 U.S.C. 254k(a)) is amended by striking “2002 through 2006” and inserting “2008 through 2012”.

(2) SCHOLARSHIP AND LOAN REPAYMENT PROGRAMS.—Section 338H(a) of the Public Health Service Act (42 U.S.C. 254q(a)) is amended by striking “appropriated \$146,250,000” and all that follows through the period and inserting the following: “appropriated—

“(1) for fiscal year 2008, \$131,500,000;

“(2) for fiscal year 2009, \$143,335,000;

“(3) for fiscal year 2010, \$156,235,150;

“(4) for fiscal year 2011, \$170,296,310; and

“(5) for fiscal year 2012, \$185,622,980.”.

(b) ELIMINATION OF 6-YEAR DEMONSTRATION REQUIREMENT.—Section 332(a)(1) of the Public Health Service Act (42 U.S.C. 254e(a)(1)) is amended by striking “Not earlier than 6 years” and all that follows through “purposes of this section.”.

(c) ASSIGNMENT TO SHORTAGE AREA.—Section 333(a)(1)(D)(ii) of the Public Health Service Act (42 U.S.C. 254f(a)(1)(D)(ii)) is amended—

(1) in subclause (IV), by striking “and”;



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